## Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	3-5-2014	Address:	1335 E US HWY 40	
Incident #:	14ISPC002424		Harmony In 47853	
<b>County</b> :	Clay			
Type of Lab	oratory Seizure (check one)	Seizure Location (	zure Location (check all that apply)	
<ul><li>☑ Operational Lab</li><li>☐ Chemical/Glassware/Equipment (only)</li><li>☐ Dumpsite (only)</li></ul>		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
(check all that	l: Location (bedroom, kitchen, open air, stapply) or Birch Reaction(s): _	<u>etc)</u>		
Red Phosphorous/Iodine Reaction(s):				
Hydrochloric Acid Gas Generator(s): outbuilding				
Flammable Solvents: outbuilding,burn pile				
☐ Water Reactive Metal (Lithium): _				
Anhydrous Ammonia:				
Corrosive Acid: outbuilding				
Corrosive Base: _				
Other (item and location):				
Vehicle Info	rmation:			
Owner: VIN: Year:		Make: Model:		
☐ Yes	age 18 discovered (check appropriate) (number present) not present but evidence they reside	Living condi unclean Estimated let occurring: 2-	tions of home: clean disarray  ngth of time manufacturing had been  a months  nformation:	
This report has been faxed* or emailed to the following agencies that serve the location:				
Fire Department City, Township or County <u>Brazil</u> Fax: <u>812-446-2535</u> Health Department County: <u>billh@claycountyin.gov</u> Fax: <u>812 448- 9019</u> Department of Child Services Hotline: <u>dcshotlinereports@dcs.in.gov</u> Fax: 317-234-7595 or 317-234-7596				
For further information regarding this methamphetamine laboratory, contact Investigating Officer: William patterson Phone 765-653-4114				
*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of				

scene processing.

MSS 04-18-2013